

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
01005052

FILING DATE
9/29/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4			1			
5						
6						
7						
8						
9						
10						
11	1		1			
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26					1	
27						
28						
29						
30						
31						
32						
33						
34	1		1			
35	1		1			
36	1					
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	34	↓	10	↓		↓
TOTAL CLAIMS	40	[REDACTED]	14	[REDACTED]		[REDACTED]

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

Best Available Copy